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2700 CAREW T 441 VINE STRE	EET			Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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						(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/702,493 10/31/2000			Peter W. Estelle		NOR-937	9829	
•	: SELF ADJUSTING SC	DLENOID DRIVER AND	) METHOD				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE	
nonprovisional	NO	\$1510	\$0	\$0,	\$1510	05/10/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
ROST, ANDREW J		3753	251-129050				
CFR 1.363).  Change of corresp Address form PTO/SI  "Fee Address" ind PTO/SB/47; Rev 03-003-003-003-003-003-003-003-003-003-	ND RESIDENCE DATA less an assignee is ident h in 37 CFR 3.11. Comp	nge of Correspondence  Indication form ted. Use of a Customer  A TO BE PRINTED ON 7	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)  data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment.				
(A) NAME OF ASSI			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
NORDSON CORPORATION			WESTLAKE, OH				
Please check the appropr	riate assignee category of	categories (will not be pr	rinted on the patent):	Individual ٌ C	orporation or other private g	group entity 🚨 Government	
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. 1  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
5. Change in Entity Sta	as SMALL ENTITY state	us. See 37 CFR 1.27.			LL ENTITY status. See 37		
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Authorized Signature	Kevin G	Rooney	un_	Date	7/7/10 No. 36330		
an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	tiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DG 313-1450.	6 U.S.C. 122 and 37 CFR e USPTO. Time will vary rden, should be sent to the O NOT SEND FEES OR	7.14. This collection is a depending upon the indice Chief Information Off COMPLETED FORMS	estimated to take 12 lividual case. Any cicer, U.S. Patent and TO THIS ADDRES	the public which is to file (c minutes to complete, inclus omments on the amount of 1 Trademark Office, U.S. DS S. SEND TO: Commissional displays a valid OMB control	and by the USPTO to process; ding gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450 rol number.	